PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

63162

7590

08/14/2009

TRASK BRITT, P.C./ MICRON TECHNOLOGY P.O. BOX 2550 SALT LAKE CITY, UT 84110

VIA ELECTRONIC FILING **NOVEMBER 12, 2009**

						(Date)
APPLICATION NO.	FILING DATE	FILING DATE		ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
09/576,727 05/23/2000		Chad A. Cobbley	36	39.1US (97-1383.1)	3108	
TITLE OF INVENTION	SYSTEM FOR LOCA	TING CONDUCTIVE SI	PHERE UTILIZING SCRE	EN AND HOPPER OF	SOLDER BALLS	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$1400	\$1510	11/16/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS]		
TRINH, MINH N		3729	029-245000			
1. Change of correspondence address or indication of "Fee Address" (37				For printing on the patent front page, list TraskBritt		
CFR 1.363). Change of corresp	ondence address (or Cha	nge of Correspondence	or agents OR, alternativ	•		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication for "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. faxed separately						
	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or type			
PLEASE NOTE: Un	less an assignee is identi th in 37 CFR 3.11. Comp	fied below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assignee is assignment.	identified below, the de	ocument has been filed for
(A) NAME OF ASSI			(B) RESIDENCE: (CITY			
Micron T	echnology, In	nc.	Boise, Idal	no		
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual KCorpora	ation or other private gro	oup entity 🗖 Governmen
4a. The following fee(s)	are submitted:	41	b. Payment of Fee(s): (Plea	se first reapply any pr	eviously paid issue fee	shown above)
Issue Fee			☐ A check is enclosed. **\$110.00 ☐ Payment by credit card. Form PTO-2038 is attached.			
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			Payment by credit card. Form PTO-2038 is attached. Alfference** The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-1469 (enclose an extra copy of this form).			
Advance Order -	# of copies		overpayment, to Depo	sit Account Number 20)-1469 (énclose a	n extra copy of this form).
	itus (from status indicated is SMALL ENTITY statu		☐ b. Applicant is no lon	ger claiming SMALL FI	NTITY status See 37 Cl	FR 1.27(p)(2).
			d from anyone other than to Office.			
interest as snown by the		a ×	Office.			
Authorized Signature	Sames P	. Dunga		Date Nove	mber 12, 2009	9
Typed or printed nam				Registration No		
Alexandria, Virginia 223	513-1 4 30.		on is required to obtain or a 1.14. This collection is eston depending upon the individual of the complete of			